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Welcome and Introduction



Andy Pollen, MBA
Communications Manager
National Center

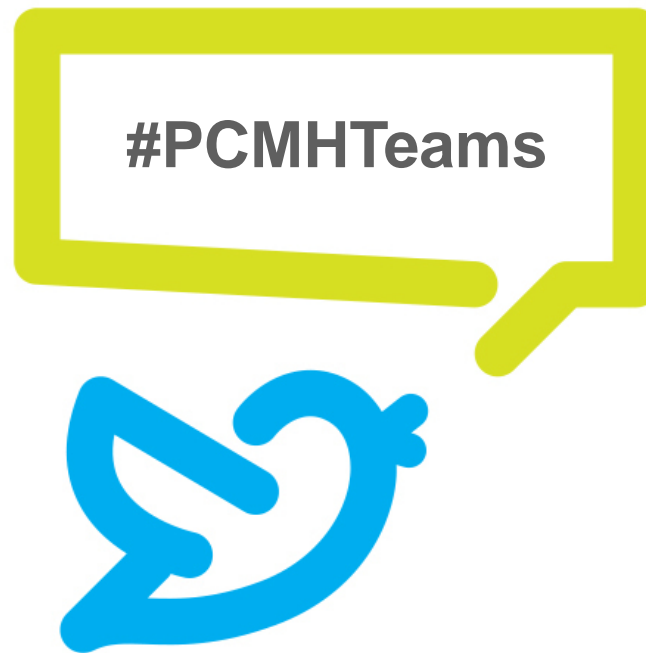
Acknowledgement

The National Center would like to thank *Academic Medicine* for making the full text of this article freely available.

“There Is No “I” in Teamwork in the Patient-Centered Medical Home: Defining Teamwork Competencies for Academic Practice”

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Featured Speakers



Emily Leasure,
MD

Assistant Professor of Medicine
Nebraska Medical Center



M. Nawal Lutfiyya,
PhD, FACE
Senior Research Scientist
National Center
Professor, Pharmacy Practice &
Pharmaceutical Sciences

Welcome to the National Center Journal Club!

Today's article:

Leasure EL, Jones RR, Meade LB, Sanger MI, Thomas KG, Tilden VP, Bowen JL, Warm EJ. There is no “I” in teamwork in the patient-centered medical home: defining teamwork competencies for academic practice. Acad Med. 2013;88:585–592.

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“There Is No “I” in Teamwork in the Patient-Centered Medical Home: Defining Teamwork Competencies for Academic Practice” co-authors:

- Ronald R. Jones, MD
- Lauren B. Meade, MD
- Marla I. Sanger, RN, MBA
- Kris G. Thomas, MD
- Virginia P. Tilden, RN, PhD
- Judith L. Bowen, MD
- Eric J. Warm, MD

Question 1

What gave rise to this paper?

Question 2

Since your paper brings together patient-centered medical homes (PCMHs) and team competencies, could you define PCMHs for us to make sure we are all on the same page?

Question 3

Could you briefly tell us what the five competencies are and define them for us before we get into greater detail?

Also, could you explain where these “big five” core competencies came from?

Question 4

Could you walk us through this table in order to illustrate the big five team competencies for us?

Teamwork Competency 1: Leadership

Teamwork Competency	Problems in the example case	High-functioning team example	PCMH standard dependent upon Competency
Leadership	<ul style="list-style-type: none"> • Uncoordinated team • Lack of performance evaluation and feedback • Poor distribution of tasks • Lack of inspiration/shared vision 	<ul style="list-style-type: none"> • Engagement of team toward patient care ownership • Formation and coordination of accountable care teams • Execution of weekly practice meetings • Recognition and prioritization of population health interventions • Facilitation of continuous quality improvement, performance review, and feedback 	<p>PCMH 1: Enhance access/continuity</p> <p>PCMH 2: Identify/manage patient populations</p> <p>PCMH 3: Plan/ manage care</p> <p>PCMH 4: Provide self-care support/community resources</p> <p>PCMH 5: Track/coordinate care</p> <p>PCMH 6: Measure/improve performance</p>

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Teamwork Competency 2: Mutual performance monitoring

Teamwork Competency	Problems in the example case	High-functioning team example	PCMH standard dependent upon Competency
Mutual performance monitoring	<ul style="list-style-type: none"> • Team-member-oriented rather than patient-centered processes • Lack of real-time feedback • Culture that underemphasizes team members' potential and the value of patient partnership 	<ul style="list-style-type: none"> • Creation of shared patient-centered practice goals • Development of feedback expectations • Education, observation, and assessment of team communication and feedback skills • Collaboration with patient advisors or patient advisor committees 	PCMH 6: Measure/Improve performance

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Teamwork Competency 3: Backup behavior

Teamwork Competency	Problems in the example case	High-functioning team example	PCMH standard dependent upon Competency
Backup behavior	<ul style="list-style-type: none"> • Unsuccessful scheduling for patients with chronic disease • Failure of the system to identify resident overload • Failure among team members to be aware of or mitigate long patient wait time • Failure to recognize patients' lack of understanding and health literacy 	<ul style="list-style-type: none"> • Employment of pre-visit care team huddle • Education and cross training on care management processes • Development of practice solutions for expected absences and high-volume occurrences • Space and schedule manipulation to increase team member interaction 	<p>PCMH 1: Enhance access/continuity</p> <p>PCMH 3: Plan/ manage care</p> <p>PCMH 4: Provide self-care support/community resources</p>

Teamwork Competency 4: Adaptability

Teamwork Competency	Problems in the example case	High-functioning team example	PCMH standard dependent upon Competency
Adaptability	<ul style="list-style-type: none"> • Failure to recognize practice patterns that degrade patient care outcomes • Poor allocation of team resources: resident unsupported • Team members unprepared for visit day events 	<ul style="list-style-type: none"> • Education of shared model of care • Simulation and role playing to teach adaptive responses • Utilization of weekly meetings to identify and correct practice problems • Identification and reaction to community influences that affect population outcomes 	<p>PCMH 1: Enhance access/continuity</p> <p>PCMH 2: Identify/manage patient populations</p> <p>PCMH 6: Measure/improve performance</p>

Teamwork Competency 5: Team Orientation

Teamwork Competency	Problems in the example case	High-functioning team example	PCMH standard dependent upon Competency
Team orientation	<ul style="list-style-type: none"> Health care providers with disparate goals Unspoken assumptions Care not planned Frustration with system 	<ul style="list-style-type: none"> Involvement of all team members at weekly practice meetings Commitment to fostering team communication and interdependence at pre-visit huddles Prioritization of discussion around ultimate outcomes of care rather than individual goals Collaboration with community and public health team members to integrate population health mission 	<p>PCMH 1: Enhance access/continuity</p> <p>PCMH 2: Identify/manage patient populations</p> <p>PCMH 3: Plan/ manage care</p> <p>PCMH 4: Provide self-care support/community resources</p> <p>PCMH 5: Track/coordinate care</p> <p>PCMH 6: Measure/improve performance</p>

Question 5

When it is all said and done---what do you think the best or better approaches to IPE might be to effectively foster collaborative practice?

Question 6

Are there any additional comments you would like to share?



Questions and Discussion

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